About two-and-a-half years later, this past December 27th, the National Labor Relations Board ruled that the closing violated federal law and ordered Sprint to rehire the workers with full back pay.

Sprint immediately filed an appeal of the ruling to a U.S. Appeals Court. That will keep the case spinning around the legal system for at least another year and a half, and a Sprint spokesman already has predicted a further appeal to the Supreme Court if the company loses this round.

A remarkable aspect of this case is that Sprint openly, unashamedly, admitted to more than 50 illegal violations of the La Conexion workers' rights at an earlier trial before an administrative law judge.

Knowing that it would receive no more than a wrist slap for its union-busting activities—creating an atmosphere of surveillance of union supporters, having managers interrogate workers one-on-one about the union campaign, openly threatening to shut the office if they voted for the union—Sprint's lawyer brigade brushed off these charges and focused only on the issue of Sprint's motive for the closing. That was the one issue that could provide a real, costly, remedy for the workers.

And sure enough, a slap on the wrist it was for the 50 violations. The administrative law judge's order amounted almost to a sick joke: Sprint was required to write a letter to the workers, after their office was closed for good, stating that it would not in the future violate their rights to organize a union.

Now, finally, a meaningful remedy has been ordered, but Sprint is determined to see that justice is delayed for as long as it takes. Perhaps the company hopes that some of the workers will be dead, and others scattered to the winds no longer to be found, by the time its legal appeals have been exhausted.

Clearly for Sprint, routinely violating labor laws is viewed simply as a smart strategy to enforce its acknowledged objective of remaining ''union free.'' And its associated legal bills are merely a cost of doing business.

This attitude is not unique in the corporate world—in fact, it's becoming the norm today.

A recent study by researchers at Cornell University was inspired by the Sprint/La Conexion Familiar case. It was the first study specifically of the impact of the threat of plant and office closings on worker union drives.

The study found that in fully one-half of all organizing campaigns, as well as in 18 percent of first contract negotiations, employers today threaten to close their facilities. And employers follow through on the threat 12 percent of the time.

This represented an increase in shutdown threats from 30 percent, as found in earlier studies by the same researchers, to 50 percent today.

The result, Cornell reported, is that worker organizing success rates are cut from about 60 percent to 40 percent when the employer threatens to close the facility.

No wonder. What more devastating weapon could an employer use to kill a union drive than to declare—''vote for the union and you lose your job?'' The answer is, shut the office down even before the union election, which is what has made the La Conexion Familiar affair stand out as a case that's being closely watched around the world.

It's somewhat ironic—and certainly must seem so to Sprint—that the La Conexion Familiar workers have emerged as martyrs on the workers' rights battleground.

Sprint clearly thought that a group of mostly immigrant, mostly female workers who spoke only Spanish could be easily intimidated and turned away from their union campaign.

But they weren't intimidated, and I later learned why at a public hearing on the La Conexion affair in 1995 conducted by the Labor Department. One of the workers, a woman from Peru, had testified and was subsequently asked by a news reporter: ''If you knew you could lose your job, why did you keep supporting the union?''

The young woman replied: ''What does risking a job matter? In my country, workers have risked their lives to have a union.''

CONTEST WINNING ESSAY

HON. ROBERT A. WEYGAND

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 1997

Mr. WEYGAND. Mr. Speaker, I was pleased to have Mr. Matthew Arundale, a student from Warwick, RI, who is currently attending Marymount University in Virginia join me in attending President Clinton's State of the Union Address last Tuesday.

Matt was the winner of a contest my office held that asked interested Rhode Islanders attending college in the Washington, DC, area to prepare an essay on why they wanted to attend the State of the Union Address.

While I received many entries, all of fine quality, Matt's was particularly creative. For that reason, I asked him to watch the President's address from the House gallery.

I commend Mr. Arundale's essay to all my colleagues.

I am a sophomore Political Science and Biology double major at Marymount University in Arlington, Virginia. While many students are bitten by the political bug and decide to major in political science, few decide to also pursue a career in medicine. But I have.

While this double-major may seem a bit odd, it really is not. I have always loved politics and the idea that men can work together and effect change for all. But I have also loved the idea of helping people in a more direct way: through medicine. After examining the two pursuits, one can see that they are not all that dissimilar.

Take a politician or government official. They are doctors. Their patient is not one person with one illness. Rather, their patient is a group of people with a variety of illnesses (crime, poverty, education, to name a few).

The politician's x-rays are opinion polls and late-night phone calls from his constituents. His nurses are called legislative aides and political advisors. Legislation are his prescriptions.

Every politician, whether they realize it or not, has been charged with the duties of a doctor. While one may get references from friends before they choose a doctor, the patients of politics look at debates, news conferences, and press releases before they make their choice. A two party system (quickly giving way to third party candidates) ensures that people will always have the opportunity to get a second opinion before trusting themselves to any one doctor. In the end, they hope their choice was correct.

One such political doctor is President Bill Clinton. Last November, he was charged with the duties of continuing his role as ''Chief Doctor of the Nation.'' He has read the public opinion polls, had conferences with his advisors, and listened to peoples' grumps and groans. Now, on this Tuesday, he has to report back to the patient. President Clinton must tell a concerned nation what is wrong and what he plans to do to change it. The patient(s) will be listening, wondering if he heard their complaints correctly. They will also be analyzing the President's suggested treatments. Then, just as the patient with high blood pressure is not sure if he is willing to quit smoking to get healthy, the nation will decide if it is willing to make the sacrifices necessary to fix its problems.

In short, I would love to be present for this report. The President is renowned for his speaking ability, so his bedside manner is unquestionable. But to see the culmination of the political triage process come together would be a momentous experience for a student who hopes to one day become a doctor, too.

Furthermore, as President of my Sophomore Class, I have been asked by FOX TV to participate in an interview on the effect of President Clinton's educational incentive plans on college students. I can think of no better way to garnish first-hand information for this interview than to be in the House of Representatives while Clinton outlines his proposals.

Finally, I know I can never take your wife's place, but, I voted for you!!

THE PATIENT FREEDOM OF CHOICE ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 1997

Mr. STARK. Mr. Speaker, I am pleased to introduce the Patient Freedom of Choice Act of 1997.

Previously, I have sponsored legislation that restricts physicians from self-referral because this practice leads to overutilization and increased health care expenses. This legislation is designed to rectify a similar problem.

Today, nonprofit hospitals, forprofit hospitals, and large health care conglomerates have acquired their own posthospital entities such as home health care agencies, durable medical equipment businesses and skilled nursing facilities so as to refer discharged patients exclusively to their own services. As a result, many nonhospital based entities have seen inflows of new patients completely halted once a hospital acquires an agency in their service area.

The effects of this self-referral trend are harmful. Hospitals that refer patients exclusively to their own entities eliminate competition in the market and thereby remove incentives to improve quality and decrease costs. Further, hospitals are able to selectively refer patients that require more profitable services to their own entity while sending the less profitable cases to the nonhospital based entities. The nonhospital entity is forced to either raise prices or leave the market. Worst of all, patients have no voice in deciding which entity provides the services.

This legislation remedies the problem by leveling the playing field. First, hospitals will be required to provide those patients being discharged for post-hospital services with a list of all participating providers in the service area so that the patient may choose their provider.

Second, hospitals must disclose all financial interest in post hospital service entities to the Secretary of Health and Human Services. In addition, they must report to the Secretary the percentage of post hospital referrals that are